

FILED SEP 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 28791

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7521	
1. PLACE OF DEATH a. COUNTY /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
c. LENGTH OF STAY (in this place) 33 yrs.				d. STREET ADDRESS (If rural, give location) 1024 Fairmount Ave.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1024 Fairmount Ave.				d. STREET ADDRESS (If rural, give location) 1024 Fairmount Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) August		b. (Middle) ---		c. (Last) Tietjen	
4. DATE OF DEATH		(Month) Aug.		(Day) 23		(Year) 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 22 1881		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant, Wholesales service Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William Tietjen		13b. MOTHER'S MAIDEN NAME Helena Hoffman		14. NAME OF HUSBAND OR WIFE Eleanor Tietjen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Eleanor Tietjen, 1024 Fairmount.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) --- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ---				INTERVAL BETWEEN ONSET AND DEATH 2 days 10 years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4500	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ---		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ---					
22. I hereby certify that I attended the deceased from Aug 22, 1951 , to Aug 23, 1951 , that I last saw the deceased alive on Aug 22, 1951 , and that death occurred at 7 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Harold E. Walters M.D.				23b. ADDRESS 508 N. Grand St. Louis Mo		23c. DATE SIGNED 8-24-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/25/51		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL AUG 24 1951		REGISTRAR'S SIGNATURE J. Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Haral, 1905 Union Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. H. E. Walters,
11433
S.

(1:30)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.